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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

W E E K L Y B U L L E T I N

For Period

11 May - 17 May

1947

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SECTION I

GENERAL

Public Health Training Program

Reference is made to Section II, Public Health and Welfare Weekly Bulletin for period 8-14 December 1946 and Section I, Bulletin #12 for period 16-22 March 1947.

The inauguration of this program has been delayed, however dormitory facilities are now under construction and it is expected that facilities sufficient to accommodate 100 students will be available by 16 June 1947.

The first course for Public Health nurses began as scheduled on 2 April 1947. The course for Public Health officers (doctors) and a course for Public Health Sanitarians is scheduled to start on 16 June 1947. Each class will have approximately 50 students. Current plans call for the opening of two additional courses on 1 July 1947 and two on 1 August 1947. The two courses beginning 1 July will be for Veterinarians and Pharmacists. Courses beginning 1 August will be for Sanitary Engineers and Nutritionists.

These courses are intended to serve as refresher courses for those with some knowledge of public health practices and to teach modern public health methods to those who are not properly grounded in their respective public health specialties. By this means, it is hoped to provide the necessary training to effectuate a sound coordinated public health program throughout Japan. It is expected that the students for these courses will be selected largely from those personnel who are now actively engaged in public health work in the various prefectures. Each class will have at least one student from each prefecture.

The Institute of Public Health will extend invitations to each Prefectural Health Department in advance of the starting date of each class. Each military government Health Officer is urged to have the prefectural Health Officer notify him upon arrival of the invitations and to exercise surveillance over the selection of students for the various courses. It is believed that the first students selected for attendance should be the key personnel in each health department.

It is important that the prefectural Health Officer himself should attend the course for Health Officers. He should attend the first course, but if this is not possible then he should attend the second course. Courses will be repeated until such time as they are either no longer required or are supplanted by more appropriate training courses.

SECTION II

WELFARE

Child Welfare Law

The second draft of the Child Welfare Law is now under study by PHW Section, SCAP. Incomplete study indicates that several changes may be necessary in context as well as underlying philosophy.

Personnel

Mr. Don Wilson, formerly Public Welfare Officer, MG, 8th Army, has joined PHW, SCAP as Social Work Training Consultant.

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Summary Covering Recent Fire Disasters (Nagasaki & Ibaraki Prefectures)

Fire disasters have continued and between the period 21 April 1947 - 29 April 1947 there occurred six fires of major proportions which destroyed 1,598 homes and rendered 7,871 persons homeless. A brief summary report on these fires has been received from the Health and Welfare Ministry and is given below:

IBARAKI PREFECTURE

Itako: Fire started at 1420 on 21 April 1947 and was under control at 1740 the same date. 102 homes were destroyed with 570 persons made homeless. No casualties reported. Estimated property damage ¥35,000,000. Immediate emergency relief measures were taken by the prefecture with ¥100 issued to each destroyed or seriously damaged household. Emergency feeding was accomplished through generosity of neighboring towns and villages. 2 go of soy, 50 momme of miso and 2.5 go of rice as a daily ration in an amount for a period of 7 days distributed free to disaster sufferers.

Ishizuka: Outbreak of fire discovered at 1210 on 26 April 1947 and extinguished at 1400 on the same date. 158 homes were destroyed with 666 persons homeless. 3 persons were injured. Estimated damage of property placed at ¥82,000,000. Emergency relief was provided by both prefectural and local officials. The prefecture made available; 250 blankets, 300 pieces of clothing and 17 cases of canned goods. The local officials provided cooked rice to all sufferers. Plans are now underway to construct 150 houses (barrack type) to house the homeless.

Nakaminato: Fire occurred at 1710 on 29 April 1947 and burned out at 2300 on the same date. 1,116 homes were destroyed rendering 5,580 persons homeless. No casualties reported. Estimated property damage ¥100,040,000. The Chief of Education and Welfare was assigned the responsibility of supervising emergency relief operations. Temporary housing was provided in the schools and temples where food was also made available. The prefecture distributed 550 blankets, 730 pieces of clothing, 131 cases of canned goods and 50 cases of biscuits. Present plans are being made to construct 100 houses (barrack type). Neighboring towns and villages are sympathetic and assisting materially to alleviate the suffering.

Kanasa: Fire started at 1330 on 29 April 1947 and brought under control at 1500 on the same date. 52 homes were destroyed with 300 persons homeless. No casualties reported. Local officials are handling emergency relief problems and have furnished food, 300 blankets and clothing.

NAGASAKI PREFECTURE

Obama: Fire outbreak at 1300 on 22 April 1947 and extinguished on same date. 81 homes destroyed with 364 persons homeless. All homeless persons provided with temporary shelter through relatives and friends. All households in Takaku Country contributed ¥3 to relief fund which was disbursed to sufferers. Distribution of clothing, foodstuffs and cooking utensils is reported to be underway.

Shinchi: Fire occurred at 1330 on 24 April 1947 and extinguished at 1705 same date. 89 homes destroyed with 391 persons homeless. 1 person reported injured. All homeless were sheltered by relatives with the exception of 50 persons who were housed in Sufuku Temple and Jichu primary school. ¥100 per household was granted and each person was provided with a blanket, clothing, cooking utensil and a special distribution of rice sufficient for a period of 5 to 10 days.

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SECTION III

VETERINARY AFFAIRS

Monthly Animal Disease Report

Following is a summary of the monthly animal disease report for April 1947, submitted by the Ministry of Agriculture and Forestry:

<u>Disease</u>	<u>Number of cases</u>
Anthrax	1
Brucellosis	2
Trichomoniasis	63
Texas Fever	22
Equine Infectious Abortion	22
Swine Erysipelas	3
Strangles	121
Rabies	5
Equine Infectious Anemia	52
Pullorum Disease	915

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported the following new outbreaks of disease during the period 11-17 May 1947.

<u>Prefecture</u>	<u>Disease</u>	<u>Number of Cases</u>
Chiba	Swine Erysipelas	2

SECTION IV

DENTAL AFFAIRS

Sixteen dentists were re-established in practice during the month of April.

Three thousand dentists attended the first National Dental Convention ever to be held. Lectures and table clinics were given by American dental officers. The general Dispensary Dental Clinic was opened for the inspection of American equipment.

SECTION V

NURSING AFFAIRS

Two, one week courses were held in Kyushu for the purpose of giving lectures and demonstrations to Japanese nurses. First course was held from 5 to 10 May 1947, at Kyushu Imperial University Hospital. Lectures and demonstrations on various phases of nursing were given by Japanese and American nurses.

The second week, 12 to 17 May 1947, the course was held in the National Tuberculosis Sanatorium in Kumamoto.

Both programs were very successful, well attended and considerable interest was shown by the prefectural authorities.

Prefectures represented:

Fukuoka	30	Saga	7	Nagasaki	8
Oita	8	Kumamoto	22	Miyazaki	12
Kagoshima	13	Total --	100		

A conference was held in Gifu with Prefectural nurses and doctors for the purpose of discussing their Prefectural nursing organization. Problems relating to the Public Health Nurses course in Tokyo were reviewed. Several hospitals were visited, programs for nurses training schools were discussed.

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SECTION VI

SUPPLY

Production

The allocation of coal and lignite for hospital use has been increased for the months of May and June by the Economic Stabilization Board, Japanese Government. A study is being made by the Welfare Ministry, to determine past consumption and requirements during summer and winter season for all hospitals throughout Japan. Blank forms have been forwarded to all prefectural governors requesting detailed data on this subject. This data will provide a basis for presenting requests for additional allocation of coal to meet actual requirements in hospitals. Military Government Officials should stress the necessity for high priority of coal for hospital use with local prefectural officials handling distribution. In addition a check should be made to determine that local officials are submitting the report mentioned above, to the Ministry of Health and Welfare.

Production of Insect and Rodent Control Supplies continued according to plan during April. April production of DDT Products was sufficient to provide a sizeable reserve stock of 10% DDT Dust and a small stock of 5% DDT Residual Effect Spray. Production of pyrethrum emulsion and spraying equipment, for mosquito and fly control program during 1947, was initiated and progress was excellent. Quantitative production of Insect and Rodent Control Supplies during April was accomplished as follows:

Antu (Rat Poison)	2,148,766 (3 gm pkgs)
Neikorazu (Rat Poison)	3,440 kg's
Rat Traps (Spring Type)	5,000 each
Pyrethrum Emulsion (X-30)	216,300 gal's
DDT Dusters	9,946 each
Sprayer, knapsack, 3 gallon	1,800 "
Sprayer, Pump Type, Semi-automatic	1,050 "
10% DDT Dust (Utilizing American Furnished DDT Concentrate)	121,510 lbs
5% DDT Residual Effect Spray (Utilizing American DDT Concentrate)	45,233 gal's.
10% DDT Dust produced with Japanese DDT Concentrate	80,000 lbs.
Sprayer, Hand, $\frac{1}{2}$ Gallon	7,000 each

Produced of X-Ray film during April is considered adequate to meet minimum requirements and compares favorably with previous monthly production. Quantitative production was accomplished as follows:

<u>Size</u>	<u>Quantity</u>
4 $\frac{3}{4}$ x $6\frac{1}{2}$	6,292 Dozen
6 $\frac{1}{2}$ x $8\frac{1}{2}$	3,588 "
8 x 10	3,759 "
10 x 12	12,980 "
14 x 17	84 "
35 m/m film	21,417 rolls

The following releases of DDT Products and Typhus Vaccine were approved by Welfare Ministry during period 12 - 17 May:

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<u>Prefecture</u>	<u>10% DDT Dust</u>	<u>5% DDT Spray</u>	<u>Typhus Vaccine</u>
Akita	8,000 lbs.	300 gals.	
Kyoto	1,500 "	15,000 "	
Mie	1,000 "	75 "	
Nara	15,400 "	250 "	250 vials
Takamatsu	6,000 "	3,550 "	
Saitama	2,750 "		
Gumma	6,000 "		
Nagasaki	2,480 "	350 "	
Gifu	3,740 "		
Shiga	980 "	2,650 "	475 vials
Ehime	1,000 "		
Kagoshima		345 "	
Hokkaido	7,000 "		

Total stocks now in depots, factories and intransit are as follows:

10% DDT Dust	2,155,471 lbs.
5% DDT Residual Effect Spray	291,380 gals.
Typhus Vaccine	113,738 vials

Production of DDT Dusters and Spraying equipment decreased for the first ten days of May. Actual production accomplished was as follows:

DDT Dusters	1,000
Sprayer, knapsack type, 3 gallon	43
Sprayer, pump type, semi-automatic	600

The decided drop in the weekly production, especially in the case of the sprayer, knapsack type, 3 gallon is attributed to the temporary shortage of the necessary brass plate and brass pipe used in the manufacture of this sprayer. This shortage will be resolved in the very near future.

Distribution

Effective 15 May 1947, the Welfare Ministry assumes responsibility of distribution of all imported medicaments and medical supplies. Requisitions are submitted by the prefectural officials to the Pharmaceutical Affairs Section, Welfare Ministry for supplies coming under above mentioned category.

The Welfare Ministry has scheduled a distribution, 10 May 1947, of Mapharsen and Bismuth subsalicylate to prefectures having a V.D. population of 1000 and over.

The following is a breakdown as of 14 May 1947, of U. S. Surplus Vehicles sold to Japanese Government, which have been allocated to the Welfare Ministry for distribution to hospitals and government agencies engaged in public health and sanitation activities:

<u>Type of Vehicle</u>	<u>Allotted</u>	<u>Received</u>	<u>Distribution</u>	<u>To be Distributed</u>	<u>Due from Boeki Cho</u>
Weapons Carrier	347	92	51	41	255
Command Car	58	11	2	9	47
Ambulance	145	15	6	9	130
Trailer 1 Ton	100	100	54	46	0
Trailer 1/4 Ton	145	58	46	12	87
Trailer Water Tank	75	75	51	24	0
Total	870	351	210	141	519

During the week ending 10 May 1947 a total of 3,386 fifty-gallon drums of pyrethrum emulsion has been distributed to the prefectures for use in the insect control program. Shipment was made as follows:

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Quantity 50 gal.		Quantity 50 gal.	
<u>Prefecture</u>	<u>Drum</u>	<u>Prefecture</u>	<u>Drum</u>
Hokkaido	50	Nagano	46
Miyagi	45	Kyoto	369
Akita	20	Osaka	264
Yamagata	30	Hyogo	50
Fukushima	76	Nara	15
Saitama	174	Tottori	55
Chiba	188	Shimane	73
Tokyo	691	Okayama	70
Kanagawa	130	Yamaguchi	114
Gifu	35	Tokushima	61
Shizuoka	45	Kagawa	48
Aichi	80	Ehime	182
Mie	40	Kochi	67
Niigata	40	Nagasaki	90
Toyama	42	Oita	40
Ishikawa	40	Kagoshima	76
Fukui	40		
Total		3,386	

Shipments to prefecture not listed above are planned for the near future.

Narcotics

Narcotics seized as a result of recent investigations indicate many repatriates are entering Japan with narcotics concealed in their baggage and on their persons. A report from a Military Government Team to the same effect shows that stern measures are necessary to curtail this activity. Custom Officials in the Revenue Bureau, Finance Ministry, and Narcotic Officials, Ministry of Welfare, have been requested to issue instructions to all officials concerned at ports of debarkation to rectify this situation. Close surveillance by Military Government Teams is considered necessary to assure thorough search of all repatriates and prosecution of any persons criminally liable for either entering or leaving Japan with narcotics. Heavy penalties imposed on such persons will act as a deterrent to any person contemplating smuggling narcotics for monetary reasons in lieu of currency or other goods. Illegal narcotics entering Japan are being supplied to addicts. Prompt action must be taken to prevent such entry which is highly detrimental to the narcotic control program.

Marihuana grown in Japan for fiber purposes by licensed dealers will be analyzed at the following laboratories: Tokyo Imperial University for eastern Honshu prefectures; Kyoto Imperial University for Hiroshima and Shimane prefectures; and Kumamoto Pharmaceutical College for the three prefectures in Kyushu. What is considered to be an average specimen from each prefecture will reach the laboratories at four-week intervals during the growth of the plant, ending at maturity, according to instructions given to the Narcotic Section, Ministry of Welfare.

Japanese narcotic agents from 29 prefectures attended a conference in Nara prefecture to discuss narcotic problems and to receive instructions from Narcotic Control Officials, PHW, SCAP, and Narcotic Section Officials, Ministry of Welfare. This conference and the Fukushima narcotic conference held the previous week with representatives from the other 17 prefectures, were indicative of the progress made in the narcotic control program during the past year. Instruction in modern narcotic enforcement methods was given. A round-table discussion concerning evaluation of narcotic conditions in each prefecture made by Narcotic Control Officers as a result of personal inspection trips through the prefectures highlighted the proceedings.

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According to the Narcotic Section, Ministry of Welfare, report for the month of March, narcotics are being supplied as required by registrants in an orderly and effective manner by use of order forms. Enforcement also made considerable progress as shown by the number of narcotic seizures and arrests of both registrants (27) and non-registrants (31). Sentences imposed as a result of convictions varied from ¥150 fine for a lesser violation to 1 year penal servitude, 2 year probation and ¥1,500 fine for a more serious violation. Reported thefts (26) continue as a matter of concern since these narcotics constitute a source of supply for narcotic addicts.

SECTION VII

PREVENTIVE MEDICINE

Japanese B Encephalitis

Experimental work in the field and in the laboratory has conclusively shown that Japanese B Encephalitis is principally a mosquito-borne virus disease. This disease is of importance because of its high mortality rate. Susceptibility is greater in children than in other age groups and may be classified as a "children's disease" among Japanese.

In past years, outbreaks have nearly always been limited to the mid-summer and early fall months. It thrives best in parts of the country which experience "hot summers, mild winters, less than average rainfall, low relative humidity and a high percentage of sunshine". Under such conditions, the mosquito vector(s) and mammalian and bird host-reservoirs find a favorable environment. The disease follows a northward wave of progression as summer advances - Okinawa in early July; Kagawa, Okayama, Hyogo in mid-July, and Tokyo and vicinity in August.

The distribution of the disease is wide spread throughout the islands of Japan, having been reported from 40 of the 46 prefectures at some time during the past 16 years. Hokkaido in the north is apparently free from infection. The disease is most prevalent in the prefectures surrounding the Inland Sea, namely: Okayama, Hyogo and Kagawa. Outside of Japan proper Japanese B Encephalitis is consistently found in the Ryukus (Okinawa), Formosa, Philippines, China and Southern Korea.

Control measures should be concentrated in the areas of greatest expected prevalence and should be instituted well in advance of the expected encephalitis season. The prompt and compulsory reporting of any suspect case* is a measure of chief importance and must be handled in the most expeditious manner possible as outlined in Headquarters Eighth Army Circular No. 72, dated 3 May 1947, Section I, Japanese B. Encephalitis.

Control programs utilizing pyrethrum emulsion as a larvicide against mosquito larvae and 5% DDT spray in houses, etc, for residual effect of the killing agent in the control of adult mosquitoes, should be started at once, if not already underway. Proper application of residual effect DDT spray in houses and other buildings will serve as a control for flies, fleas, bed-bugs and other insect pests invading the household as well as adult mosquitoes. In order to conserve the DDT residual effect spray supplies, it is suggested that pyrethrum emulsion be used wherever possible in the control programs. For quick-killing effect and residual DDT effect, a combination spray may be made by mixing one Liter of pyrethrum (30x) emulsion to 29 Liters of 5% DDT residual effect spray.

(*The definition of a suspect case may be considered to be any person exhibiting clinical signs and symptoms of epidemic encephalitis - particularly if such cases occur during the months of July and August in groups of one, two or three or more within a square mile area.

Blood specimens from suspect cases and from neighbors of such cases should be sent to the 406th Medical General Laboratory, APO - 500 Tokyo.)

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Typhus Fever Control

Comparative Score: (includes figures of 15 May)

1946	26,398
1947	770

Head Lice in School Children

The Ministry of Welfare previously issued instructions to prefectural health offices to institute programs designed to eliminate head lice among school children by dusting with DDT powder. Many of these programs are underway at present, some having been completed.

The incidence of head lice is rather high, particularly among the school girls. In Tokyo, for example, results of a survey of one primary school was as follows:

		<u>Pos.</u>	<u>Neg.</u>	<u>% Pos.</u>
Boys Examined	411	0	411	0
Girls "	<u>427</u>	120	307	28%
	838			

In addition, many of the children were found to be infested with body lice as well. After two dustings at a 7 day interval, the incidence has been reduced to zero in this one school.

It is hoped that all Military Government teams in Japan will continue to push this dusting program during the summer.

Public Health "Train"

Any suggestions and ideas for exhibit material concerning public health and welfare, for use in this train, will be welcome. The cars are now in process of conversion.

Send any ideas for posters, models, etc., to Prev. Med. Div. P.H. & W. APO 500 -- Attn: Mr. C. M. Wheeler.

Smallpox Control

There have been several small outbreaks of smallpox in Japan during recent weeks. There has been no major epidemic during the current season; nevertheless, the disease is endemic in Japan and both sporadic cases and small outbreaks continue to occur. Vaccination with a viable vaccine is the only known measure of practical value in the control of smallpox. For details on control measures, military Government Health officers are referred to TB-PH-PREV. MED. 1 (Smallpox) dated January 1947.

The fact that a considerable number of cases of smallpox continue to occur throughout Japan is evidence there are still large numbers of non-immune persons in the general population. Military government health officers are urged to exercise surveillance over Japanese health authorities in order to make sure that effective control measures are being carried out, particularly vaccination of the entire population of towns and villages in which cases occur. Checks should be made on vaccination technique and results of vaccination. If a viable vaccine and correct technique are used, the vaccination will result in one of the following reactions: vaccinia, vaccinoid or immune. If one of the above reactions are not obtained, those individuals must be revaccinated.

Military government health officers should also see that a maintenance smallpox immunization program is carried out in their respective prefectures. All children who were not of vaccination age last year, but have since reached vaccination age, should have been vaccinated in the interim.

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The Committee on Therapeutic Procedures for Acute Infectious Disease and on Biologicals of the American Academy of Pediatrics recommends "vaccinations as early in life as possible - any time after the cord falls off and at least before 3 years of age". Due to the presence of endemic smallpox in Japan, all children should be vaccinated by the sixth month of life and certainly not later than the twelfth month of life.

Typhoid Immunization Program

Typhoid fever is a preventable disease for which effective preventive measures are available. Nevertheless, it continues to be a major public health problem in Japan. Good sanitary practices in matters of food, water, and waste disposal are the most important and most effective measures for prevention. Sanitation alone is not sufficient for complete control, however, and for this reason immunization is of utmost importance, particularly in Japan.

Vaccination with a good TAB vaccine will confer a high degree of protection upon those immunized, even under poor conditions of sanitation. Since the correction of sanitary deficiencies requires an extensive program of construction, education of the public, and a large budget extending over a long period of time, the only immediate effective control measure available for the general population is immunization. Before a nation wide immunization program could be put into effect, it was necessary to set up a most effective biologic control plan for production, assay and distribution. This plan has now been accomplished.

The Disease Prevention Bureau of the Welfare Ministry has prepared a plan for a nation wide typhoid immunization plan which has been approved. The general outline is as follows:

a. The immunization program is scheduled to begin on or about 1 June 1947.

b. Persons to be immunized. All persons in Japan between the ages of 5 and 60 years with the exception of the sick and other persons in whom immunization is contra-indicated will be immunized during the current season. The program once begun will continue, as vaccine becomes available, until completion.

c. Order of Priority for Immunization. Due to the lack of sufficient stocks of vaccine to conduct the immunization program in all prefectures simultaneously, the following general order of priority will be followed.

First Stage: Persons in cities, towns (with a population of 30,000 or more) will be immunized first. Vaccine will be furnished to these cities and towns as rapidly as it becomes available. The total population to be immunized in this group is approximately 23 million. It is estimated that it will take two to three months to complete the first stage of the program.

Second Stage: When the immunizations outlined under the first stage have been completed, immunization of the remaining persons in the small towns, villages and rural areas in each prefecture will follow as vaccine becomes available. The order of priority for the 2nd stage will be governed by the incidence rate of typhoid during the year 1946, starting first with the prefectures having the highest rate and progressing in that order until finally the prefectures with the lowest incidence rate are reached. The number of persons to be immunized during the 2nd stage is approximately 50 million. The order of priority of prefectures to be immunized during the 2nd stage is: Tochigi, Kochi, Fukushima, Toyama, Tokushima, Hyogo, Mie, Hiroshima, Shimane, Wakayama, Kyoto, Kanagawa, Okayama, Saitama, Gifu, Hokkaido, Agnori, Yamagata, Kagawa, Chiba, Shizuoka, Miyagi, Niigata, Iwate, Nara, Tokyo, Ibaragi, Miyazaki, Fukui, Fukuoka, Aichi, Osaka, Yamagashi, Nagano, Shiga, Akita, Gumma, Ishikawa, Ehime, Nagasaki, Yamaguchi, Saga, Oita, Kumamoto, Kagoshima.

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Venereal Disease Control

Syphilis is taken as an index for reporting purposes by the leading authorities, since it is the best reported of all the venereal diseases. The incidence of gonorrhea is usually considered to be 4 to 10 times that of syphilis, but because it is subject to so much self-treatment as well as being so much shorter in duration than syphilis, many authorities think that the incidence of gonorrhea is even more than 10 times that of syphilis.

From available information, venereal diseases probably occur in the Japanese population in approximately the following proportion: 10 cases of gonorrhea to 2 cases of chancroid, to 1 case of syphilis. It is therefore apparent that Japanese VD statistics show two outstanding errors. First, gonorrhea is reported as only occurring half again as frequently as syphilis instead of ten times as frequently. Second, chancroid is reported as occurring only one-third as often as syphilis instead of twice as often.

Using syphilis as an index of reporting, Japanese statistics, therefore, show that about eight out of ten cases of gonorrhea and five out of six cases of chancroid are being missed. Military government health officers should convey this information to the Japanese physicians in the prefectures so that health department clinicians and private physicians will place additional emphasis on finding and reporting such cases.

Port Quarantine

On Wednesday, 14 May, the members of the newly organized Japanese Quarantine Service convened at the Welfare Ministry in Tokyo to open a three day program of study sessions and conferences on quarantine procedures under the new quarantine regulations. The first assembly was opened with a short address by the SCAP port quarantine consultant.

Weekly Report of Incoming Quarantinable Disease:

Week ending 3 May - Negative

Week ending 10 May - Negative

SECTION VIII

SOCIAL SECURITY

National Health Insurance

Recent surveys of prefectural insurance offices and Health and National Health Insurance clinics, indicate a definite need for closer supervision from the national and prefectural level for the purpose of coordinating policies and systems of operation.

Recent visits to several prefectures indicated that insurance officials are of the opinion the decrease in the National Health Insurance budget was approved by SCAP. A clarification of this opinion has been obtained from the Finance Division of ESS, SCAP; that, no objections were made to the total budget for 1947 as presented by the Finance Ministry. The budget is subject to change by the Diet under provisions of the new Constitution.

The Health and National Health Insurance directors in each prefecture should be encouraged to give strong justification in submitting requests to the Social Insurance Bureau, Ministry of Welfare, as to additional requirements during this year.

A military Government Team initiated a medical service cost survey in their prefecture, conducted through a questionnaire which covered approximately five-hundred doctors. Results will be published in a later bulletin. It is planned to conduct similar surveys throughout Japan.

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SECTION IX

MEDICAL SERVICE

Japanese Civilian Hospital Report for the period ending 28 March 1947 shows 3172 hospitals with a capacity of 219,677 beds, 105,474 of which were occupied. During this same period 293,048 out-patients were treated.

National examinations for medical licensure were held from 15 to 17 May 1947. Applicants were distributed as follows:

Kanto	615
Tohoku and Hokkaido	190
Chubu	177
Kinki	373
Chugoku and Kyushu	<u>315</u>
Total	1,670

Results of examinations will be reported as soon as they are available.

SECTION X

CONSULTANTS

Nutrition Surveys

Physical examinations in the nutrition surveys of the Tokyo-to area will be completed on 20 May.

During the week, the conduct of these surveys was observed by the Nutrition Consultant.

Japanese demonstration and explanation of methods used in the commercial processing of imported corn flour was given by the Ministry of Health. These are in extension of methods prepared by the nutritionists of the Ministry of Health and Agriculture in ordinary home cooking.

SECTION XI

MEMORANDA TO JAPANESE GOVERNMENT

PHMJG-21 10 May 1947 Allocation of Medical Supplies to National Insurance and Health (Sickness) Insurance Agencies

Crawford F. Sams
CRAWFORD F. SAMS,
Colonel, Medical Corps,
Chief, Public Health and Welfare Section

2 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 10 May 1947 w/digest.
2. Venereal Disease Report for week ending 10 May 1947.

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Digest of Weekly Summary Report of Communicable
Diseases for the Week ending 10 May 1947

Increases were recorded in the incidence of all communicable diseases during the week ending 10 May 1947. Included in this report were delayed reports from four prefectures, accounting for a small percentage of increase in both cases and deaths.

Approximately 93 percent of the total number of communicable disease cases (30276) reported for the current week were credited to: tuberculosis (8603), measles (8599), pneumonia (6213) and whooping cough (4892). Diphtheria cases (722), influenza (339), typhoid fever (242), malaria (202), dysentery (178) and epidemic meningitis (115) accounted for nearly 6 percent of the total number of cases. Approximately 98 percent of the communicable disease deaths (1332) for the current week were from tuberculosis (633), pneumonia (391), measles (71), epidemic meningitis (58), diphtheria (53), whooping cough (40), dysentery (33) and typhoid fever (30).

Diphtheria cases (722) increased 46 percent from 494 cases in the preceding week. Deaths rose from 40 to 53. Delayed reports accounted for 46 of the cases and 8 deaths. The current and cumulative case rates were 51.5 and 49.3 respectively. Corresponding death rates were 3.8 and 4.8.

Dysentery continued its upward trend. Cases (178) showed an increase of nearly 45 percent over the cases (123) in the previous week. Deaths increased from 18 to 33. Only 6 cases and no deaths were credited to delayed reports. The current and cumulative case rates were 12.7 and 5.5 respectively. The corresponding death rates were 2.4 and 1.1.

Typhoid fever cases in the current week (242) were approximately 70 percent higher than in the preceding week (141). There has been a general upward trend in typhoid fever since the middle of March and the number of cases reported for the week ending 3 May were unusually low while the number reported for the current week is more nearly in line with the trend. The number of deaths rose from 22 to 30. Delayed reports accounted for 8 cases and no deaths. The current and cumulative case rates were 17.3 and 14.5 respectively. Current and cumulative death rates were 2.1 and 1.9 respectively.

Paratyphoid fever cases increased from 36 in the previous week to 52 currently. Deaths increased from 1 to 6. The current and cumulative case rates were approximately the same, 3.7 and 3.6 respectively. Corresponding death rates were 0.4 and 0.2.

There were 25 cases of smallpox reported for the current week, the largest number reported for any one week of 1947. No delayed reports were included in this number. Half of these cases were reported in Fukuoka Prefecture. No deaths were reported. Current and cumulative case rates were 1.8 and 1.0 respectively. The cumulative death rate was 0.1.

Typhus fever cases rose from 14 in the preceding week to 20 currently. Two deaths were reported. The current case rate (1.4) was well below the cumulative rate of 2.5. Current and cumulative death rates were 0.1 and 0.2 respectively.

There was a 44 percent increase in malaria cases from 140 to 202 in the current week. Three deaths were reported. Twelve cases and no deaths were from delayed reports. The current and cumulative case rates were 14.4 and 12.3 respectively. The corresponding death rates were 0.2 and 0.05.

Scarlet fever cases (74) increased 124 percent from 33 in the preceding week to reach a new high for the year. Only one case was credited to delayed reports. One death was reported for the current

week. The current and cumulative case rates were 5.3 and 3.4 respectively. Both the current and cumulative death rates were 0.1.

Epidemic meningitis cases increased from 80 to 115 in the current week, while deaths increased from 27 to 58. Delayed reports accounted for 15 of the cases and 3 deaths. There was, therefore, very little real change in the incidence of this disease. The current and cumulative case rates were 8.2 and 7.1 respectively. Corresponding death rates were 4.1 and 2.1.

There continued to be no cholera, Japanese B encephalitis, or plague.

The current and cumulative number of cases reported for chancroid were 824 and 15,001 respectively; for gonorrhea 4,482 and 68,044; for syphilis 3,347 and 46,318.

WEEKLY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDING 10 MAY 1947

[illegible]

Weekly Report - 10 May 1947
Continued

PREFECTURE	TYPHOID				PARATYPHOID			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	11	1	189	38	2	1	28	5
AOMORI	4	-	42	12	-	-	4	-
IWATE	5	1	47	8	-	-	8	-
MIYAGI	4	2	112	11	1	1	26	4
AKITA	8	-	24	2	-	-	5	1
YAMAGATA	4	3	89	24	1	-	20	1
FUKUSHIMA	14	1	137	11	1	1	17	3
IBARAKI	2	1	117	16	1	-	39	4
TOCHIGI	3	1	83	16	1	-	16	2
GUMMA	4	-	51	10	2	-	19	1
SAITAMA	10	-	120	11	-	-	12	4
CHIBA	7	-	111	9	4	-	33	1
TOKYO	28	3	298	40	10	1	126	7
KANAGAWA	13	2	184	24	3	-	25	2
NIIGATA	2	-	84	19	-	-	27	1
TOYAMA	9	-	73	10	2	-	12	-
ISHIKAWA	3	-	17	1	-	-	6	-
FUKUI	-	-	34	3	-	-	8	-
YAMANASHI	-	-	21	-	-	-	7	-
NAGANO	3	3	77	12	4	-	34	3
GIFU	5	2	98	11	-	-	24	1
SHIZUOKA	2	-	149	10	1	-	39	-
AICHI	10	2	175	15	2	-	41	1
MIE	6	-	118	10	2	-	29	3
SHIGA	3	1	24	4	-	-	3	-
KYOTO	11	-	93	13	3	-	20	2
OSAKA	6	-	81	12	-	-	151	2
HYOGO	10	1	152	30	-	1	12	1
NARA	2	-	30	6	-	-	2	-
WAKAYAMA	1	-	59	7	-	-	1	-
TOTTORI	3	1	44	4	-	-	2	-
SHIMANE	3	3	73	12	2	-	22	-
OKAYAMA	2	-	98	13	-	-	5	-
HIROSHIMA	11	-	187	18	3	1	38	3
YAMAGUCHI	1	-	46	5	-	-	8	-
TOKUSHIMA	4	-	58	10	-	-	6	2
KAGAWA	-	-	50	13	-	-	15	-
EHIME	3	1	38	7	-	-	3	-
KOCHI	14	-	115	15	-	-	12	-
FUKUOKA	3	-	121	9	2	-	26	2
SAGA	1	-	29	1	3	-	9	1
NAGASAKI	2	-	19	-	-	-	8	1
KUMAMOTO	2	-	28	2	2	-	7	-
OITA	-	-	13	-	-	-	2	-
MIYAZAKI	2	-	42	6	-	-	13	2
KAGOSHIMA	1	1	11	5	-	-	1	-
TOTAL	242	30	3861	515	52	6	971	60
RATE								
Current	17.3	2.1	14.5	1.9	3.7	0.4	3.6	0.2
Previous	10.1	1.6			2.6	0.1		

Rates per 100,000 per annum

Weekly Report - 10 May 1947
Continued

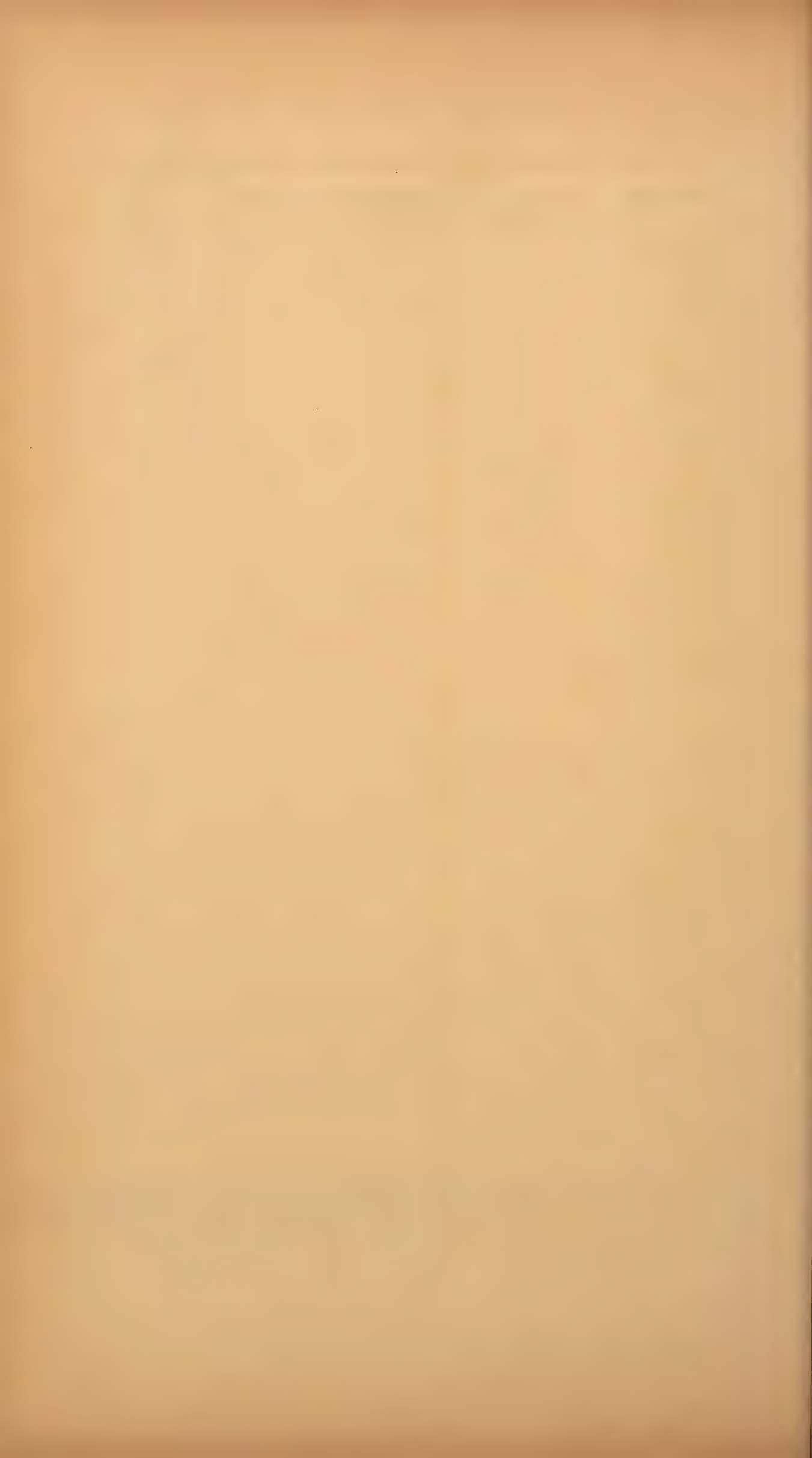
PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	24	4	3	1	36	6
AOMORI	-	-	-	-	-	-	1	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	9	1
AKITA	-	-	9	1	-	-	-	-
YAMAGATA	-	-	8	3	-	-	-	-
FUKUSHIMA	-	-	1	-	1	-	2	-
IBARAKI	1	-	21	1	-	-	31	3
TOCHIGI	3	-	23	2	-	-	6	2
GUMMA	-	-	3	-	-	-	3	3
SAITAMA	-	-	3	1	1	-	18	2
CHIBA	-	-	13	2	-	-	19	1
TOKYO	-	-	17	5	6	1	173	18
KANAGAWA	-	-	3	-	1	-	26	2
NIIGATA	-	-	2	-	2	-	11	1
TOYAMA	-	-	1	-	-	-	7	-
ISHIKAWA	-	-	1	-	-	-	10	-
FUKUI	-	-	-	-	-	-	5	3
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	-	-	1	-	-	-	9	1
GIFU	-	-	-	-	1	-	24	-
SHIZUOKA	-	-	3	-	1	-	22	-
AICHI	-	-	7	-	2	-	123	2
MIE	-	-	2	-	-	-	4	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	6	-
OSAKA	-	-	10	2	-	-	33	-
HYOGO	2	-	24	3	-	-	1	1
NARA	-	-	-	-	-	-	2	-
WAKAYAMA	1	-	8	-	-	-	14	1
TOTTORI	-	-	1	-	-	-	4	-
SHIMANE	-	-	5	-	-	-	5	-
OKAYAMA	-	-	10	-	-	-	2	-
HIROSHIMA	-	-	2	1	-	-	1	-
YAMAGUCHI	-	-	4	-	1	-	14	1
TOKUSHIMA	-	-	1	-	-	-	2	-
KAGAWA	-	-	2	-	1	-	20	4
EHIME	4	-	6	1	-	-	1	-
KOCHI	-	-	1	-	-	-	1	-
FUKUOKA	13	-	30	1	-	-	3	-
SAGA	1	-	5	1	-	-	-	-
NAGASAKI	-	-	2	-	-	-	7	-
KUMAMOTO	-	-	2	-	-	-	2	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	-	-	1	-	-	-	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	25	0	278	30	20	2	672	53
RATE								
Current	1.8	0.0	1.0	0.1	1.4	0.1	2.5	0.2
Previous	0.6	0.1			1.0	0.0		

Rates per 100,000 per annum

Weekly Report -- 10 May 1947
Continued

PREFECTURE	MALARIA				CHOLERA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	--	56	--	--	--	--	--
AOMORI	3	--	41	--	--	--	--	--
IWATE	2	--	75	--	--	--	--	--
MIYAGI	--	--	9	--	--	--	--	--
AKITA	8	--	64	--	--	--	--	--
YAMAGATA	--	--	15	--	--	--	--	--
FUKUSHIMA	4	--	64	--	--	--	--	--
IBARAKI	5	--	176	--	--	--	--	--
TOCHIGI	4	--	22	--	--	--	--	--
GUNMA	--	--	2	--	--	--	--	--
SAITAMA	--	--	5	--	--	--	--	--
CHIBA	4	--	43	--	--	--	--	--
TOKYO	9	--	198	--	--	--	--	--
KANAGAWA	7	--	123	--	--	--	--	--
NIIGATA	1	--	53	1	--	--	--	--
TOYAMA	2	--	20	--	--	--	--	--
ISHIKAWA	--	--	4	--	--	--	--	--
FUKUI	NR	--	10	--	--	--	--	--
YAMANASHI	1	--	14	--	--	--	--	--
NAGANO	4	--	72	--	--	--	--	--
GIFU	--	--	2	--	--	--	--	--
SHIZUOKA	2	--	47	--	--	--	--	--
AICHI	5	--	122	--	--	--	--	--
MIE	8	--	86	--	--	--	--	--
SHIGA	4	--	136	--	--	--	--	--
KYOTO	2	--	58	--	--	--	--	--
OSAKA	1	--	11	--	--	--	--	--
HYOGO	7	--	127	--	--	--	--	--
NARA	3	--	30	--	--	--	--	--
WAKAYAMA	2	--	31	--	--	--	--	--
TOTTORI	4	--	64	--	--	--	--	--
SHIMANE	--	--	20	--	--	--	--	--
OKAYAMA	1	--	28	--	--	--	--	--
HIROSHIMA	7	--	120	--	--	--	--	--
YAMAGUCHI	9	--	86	--	--	--	--	--
TOKUSHIMA	2	--	92	--	--	--	--	--
KAGAWA	5	--	72	--	--	--	--	--
EHIME	11	1	144	1	--	--	--	--
KOCHI	1	--	39	--	--	--	--	--
FUKUOKA	17	1	371	4	--	--	--	--
SAGA	6	1	176	3	--	--	--	--
NAGASAKI	12	--	45	--	--	--	--	--
KUMAMOTO	13	--	71	--	--	--	--	--
OITA	7	--	130	3	--	--	--	--
MIYAZAKI	7	--	48	1	--	--	--	--
KAGOSHIMA	10	--	45	--	--	--	--	--
TOTAL	202	3	3267	13	0	0	0	0
RATE								
Current	14.4	0.2	12.3	0.05	0.0	0.0	0.0	0.0
Previous	10.0	0.0			0.0	0.0		

Rates per 100,000 per annum



Weekly Report 10 May 1947
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP. B. ENCEPHALITIS			
	Current (C)	(D)	Cumulative (C)	(D)	Current (C)	(D)	Cumulative (C)	(D)	Current (C)	(D)	Cumulative (C)	(D)
HOKKAIDO	16	-	127	5	15	7	209	60	-	-	-	-
AOMORI	-	-	8	1	3	-	51	8	-	-	-	-
IWATE	2	1	9	3	-	1	42	15	-	-	-	-
MIYAGI	2	-	24	-	4	-	63	8	-	-	-	-
AKITA	-	-	16	1	1	2	52	25	-	-	-	-
YAMAGATA	-	-	11	-	4	3	40	7	-	-	-	-
FUKUSHIMA	2	-	16	1	14	2	81	19	-	-	-	-
IBARAKI	3	-	16	1	2	1	120	39	-	-	-	-
TOCHIGI	-	-	5	-	1	1	17	7	-	-	-	-
GUNMA	1	-	13	-	-	-	25	6	-	-	-	-
SAITAMA	2	-	20	-	2	-	48	17	-	-	-	-
CHIBA	1	-	14	-	4	2	40	14	-	-	-	-
TOKYO	9	-	186	2	20	26	452	160	-	-	-	-
KANAGAWA	5	-	50	-	2	1	38	11	-	-	-	-
NIIGATA	-	-	5	-	-	-	30	5	-	-	-	-
TOYAMA	-	-	7	-	1	-	10	-	-	-	-	-
ISHIKAWA	-	-	4	1	3	2	29	8	-	-	-	-
FUKUI	-	-	1	-	-	-	7	3	-	-	-	-
YAMANASHI	4	-	11	-	-	1	22	1	-	-	-	-
NAGANO	1	-	25	1	-	-	30	4	-	-	-	-
GIFU	-	-	8	-	-	-	14	3	-	-	-	-
SHIZUOKA	1	-	19	-	2	-	58	12	-	-	-	-
AICHI	6	-	32	1	-	-	7	1	-	-	-	-
MIE	-	-	20	-	1	-	18	1	-	-	-	-
SHIGA	-	-	12	-	1	1	14	4	-	-	-	-
KYOTO	9	-	84	2	4	-	33	5	-	-	-	-
OSAKA	2	-	25	-	4	-	63	9	-	-	-	-
HYOGO	2	-	24	-	1	1	34	12	-	-	-	-
NARA	-	-	-	-	2	-	4	-	-	-	-	-
WAKAYAMA	-	-	6	-	-	-	5	3	-	-	-	-
TOTTORI	1	-	5	-	1	1	13	5	-	-	-	-
SHIMANE	1	-	20	-	1	-	3	1	-	-	-	-
OKAYAMA	-	-	9	-	-	-	5	2	-	-	-	-
HIROSHIMA	-	-	8	1	2	-	34	10	-	-	1	1
YAMAGUCHI	-	-	8	-	2	1	17	3	-	-	-	-
TOKUSHIMA	-	-	3	-	1	-	6	1	-	-	-	-
KAGAWA	-	-	9	2	4	-	8	2	-	-	-	-
EHIME	2	-	10	-	-	-	16	8	-	-	-	1
KOCHI	-	-	4	-	-	-	10	2	-	-	-	-
FUKUOKA	-	-	6	1	4	2	46	29	-	-	-	-
SAGA	-	-	1	-	-	-	9	4	-	-	-	-
NAGASAKI	-	-	10	-	2	2	14	6	-	-	-	-
KUMAMOTO	2	-	3	-	1	-	20	5	-	-	-	-
OITA	-	-	-	-	-	-	6	1	-	-	-	-
MIYAZAKI	-	-	5	-	1	-	6	-	-	-	-	-
KAGOSHIMA	-	-	2	-	5	1	21	5	-	-	-	-
TOTAL	74	1	901	23	115	58	1885	551	0	0	1	2
RATE												
Current	5.3	0.1	3.4	0.1	8.2	4.1	7.1	2.1	0.0	0.0	0.004	0.01
Previous	2.4	0.1			5.7	1.9			0.0	0.0		

Rates per 100,000 per annum

Plague: 0

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDING 10 MAY 1947

PREFECTURE	MEASLES		WHOOPIING COUGH		TUBERCULOSIS	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	1249	22	439	-	1637	41
AOMORI	24	-	41	-	-	-
IWATE	96	1	61	1	35	6
MIYAGI	97	-	87	-	-	-
AKITA	16	1	31	2	124	14
YAMAGATA	63	-	28	1	136	19
FUKUSHIMA	543	15	144	2	356	39
IBARAKI	153	3	107	2	-	-
TOCHIGI	124	-	51	-	76	-
GUMMA	NR	NR	NR	NR	NR	NR
SAITAMA	167	-	66	-	25	10
CHIBA	126	-	53	-	95	-
TOKYO	529	7	454	5	703	20
KANAGAWA	749	-	306	-	329	-
NIIGATA	26	-	24	-	68	-
TOYAMA	184	1	26	7	132	6
ISHIKAWA	NR	NR	NR	NR	NR	NR
FUKUI	29	-	79	-	157	-
YAMANASHI	74	-	17	-	37	2
NAGANO	333	-	231	1	434	17
GIFU	NR	NR	NR	NR	NR	NR
SHIZUOKA	185	1	190	-	222	23
AICHI	731	-	240	-	415	-
MIE	169	-	155	-	97	6
SHIGA	NR	NR	NR	NR	NR	NR
KYOTO	NR	NR	NR	NR	NR	NR
OSAKA	526	4	133	-	577	113
HYOGO	352	-	227	-	471	-
NARA	14	-	10	-	66	-
WAKAYAMA	9	-	35	-	49	9
TOTTORI	61	1	60	1	136	11
SHIMANE	124	1	76	-	198	13
OKAYAMA	117	-	89	-	152	-
HIROSHIMA	59	1	119	-	335	29
YAMAGUCHI	70	1	21	-	96	18
TOKUSHIMA	89	-	95	-	99	7
KAGAWA	55	-	64	1	98	1
EHIME	228	2	263	-	278	35
KOCHI	37	1	83	4	81	12
FUKUOKA	674	6	305	7	452	82
SAGA	76	-	13	2	49	44
NAGASAKI	88	-	46	-	74	-
KUMAMOTO	85	-	81	-	109	8
OITA	149	1	112	1	110	40
MIYAZAKI	119	2	230	3	95	8
KAGOSHIMA	NR	NR	NR	NR	NR	NR
TOTALS	8599	71	4892	40	8603	633

RATE						
Current	613.3	5.1	348.9	2.9	613.6	45.1
Previous	413.2	4.3	266.2	2.3	420.0	29.5

Rates per 100,000 population per annum.
Cumulative totals not available.

Weekly Report - 10 May 1947
Continued

PREFECTURE	PNEUMONIA		INFLUENZA	
	Cases	Deaths	Cases	Deaths
HOKKAIDO	1490	54	137	-
AOMORI	63	6	2	-
IWATE	110	2	42	-
MIYAGI	128	-	-	-
AKITA	53	2	2	-
YAMAGATA	114	4	4	-
FUKUSHIMA	444	29	1	1
IBARAKI	-	-	-	-
TOCHIGI	89	-	-	-
GUMMA	NR	NR	NR	NR
SAITAMA	27	2	-	-
CHIBA	52	-	-	-
TOKYO	459	44	47	-
KANAGAWA	452	-	2	-
NIIGATA	78	-	9	-
TOYAMA	63	3	-	-
ISHIKAWA	NR	NR	NR	NR
FUKUI	104	-	NR	NR
YAMANASHI	47	-	-	-
NAGANO	313	12	14	-
GIFU	NR	NR	NR	NR
SHIZUOKA	104	5	-	-
AICHI	251	-	-	-
MIE	120	2	-	-
SHIGA	NR	NR	NR	NR
KYOTO	NR	NR	NR	NR
OSAKA	182	16	27	2
HYOGO	187	-	-	-
NARA	9	-	1	-
WAKAYAMA	23	1	1	-
TOTTORI	54	7	-	-
SHIMANE	25	5	18	3
OKAYAMA	128	-	-	-
HIROSHIMA	72	7	-	-
YAMAGUCHI	73	10	-	-
TOKUSHIMA	69	-	12	-
KAGAWA	67	2	1	-
EHIME	177	20	2	5
KOCHI	45	13	-	-
FUKUOKA	255	70	14	-
SAGA	25	34	-	-
NAGASAKI	83	-	-	-
KUMAMOTO	60	2	-	-
OITA	23	29	-	-
MIYAZAKI	95	10	3	-
KAGOSHIMA	NR	NR	NR	NR
TOTAL	6213	391	339	11

RATE				
Current	443.1	27.9	24.2	0.8
Previous	304.8	24.7	18.7	0.6
Rates per 100,000 per annum				

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDING 10 MAY 1947

(C) Current cases plus delayed reports
(T) Total cases for year to date

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	30	474	208	2774	186	1381
AOMORI	2	106	21	629	24	462
IWATE	13	65	22	334	24	528
MIYAGI	19	129	85	992	48	690
AKITA	1	102	37	666	29	462
YAMAGATA	2	72	35	607	29	627
FUKUSHIMA	17	150	138	1123	69	899
IBARAKI	17	287	51	948	56	1040
TOCHIGI	9	181	106	1264	64	1017
GUMMA	5	107	28	649	52	796
SAITAMA	10	382	68	1328	40	1007
CHIBA	6	319	44	1251	39	843
TOKYO	38	755	136	2392	85	1675
KANAGAWA	75	474	506	3746	250	1683
NIIGATA	8	163	59	996	61	800
TOYAMA	17	162	56	967	37	734
ISHIKAWA	16	245	100	1319	61	876
FUKUI	10	180	47	481	31	343
YAMANASHI	3	46	31	537	10	193
NAGANO	4	143	67	1355	62	932
GIFU	17	299	108	1291	39	566
SHIZUOKA	15	266	86	1234	88	1315
AICHI	73	1418	302	5293	216	2708
MIE	47	519	54	919	93	816
SHIGA	10	387	32	594	17	495
KYOTO	NR	698	NR	2608	NR	1220
OSAKA	99	1831	398	6433	388	5538
HYOGO	37	668	138	2670	186	2687
NARA	10	163	16	251	13	218
WAKAYAMA	NR	373	NR	1051	NR	589
TOTTORI	10	145	69	1194	56	627
SHIMANE	5	90	50	640	34	578
OKAYAMA	43	548	134	1787	77	1030
HIROSHIMA	18	401	138	2631	53	1272
YAMAGUCHI	11	122	108	1152	54	737
TOKUSHIMA	1	44	65	384	21	442
KAGAWA	12	252	74	872	36	530
EHIME	9	115	64	1125	84	1283
KOCHI	9	133	71	573	78	538
FUKUOKA	48	1036	235	4080	165	2266
SAGA	18	146	171	1309	127	784
NAGASAKI	1	246	145	2149	85	840
KUMAMOTO	12	131	85	1283	111	898
OITA	13	324	53	920	46	637
MIYAZAKI	3	38	24	539	16	383
KAGOSHIMA	1	66	17	704	7	333

TOTALS	824	15001	4482	68044	3347	46318
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RATE

Current	58.8	56.3	319.7	255.4	238.7	173.9
Previous	46.3		250.6		159.3	

Rates per 100,000 per annum

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending		Four Weeks Ending		Cumulative Number	
	10 May 1947	11 May 1946	10 May 1947	11 May 1946	for First 19 Weeks 1947	1946
Cases:						
Diphtheria	722	879	2555	3657	13139	21719
Dysentery	178	280	491	711	1468	1510
Typhoid	242	895	783	3411	3861	15088
Paratyphoid	52	158	249	623	971	2081
Smallpox	25	531	73	2674	278	15788
Typhus Fever	20	1833	93	7850	672	24953
Malaria	202	NA	665	NA	3267	NA
Cholera	0	0	0	2	0	2
Scarlet Fever	74	42	233	197	901	714
Epidemic Meningitis	115	34	461	183	1885	654
Jap. B. Encephalitis	0	NA	0	NA	1	NA
Plague	0	0	0	0	0	0
Deaths:						
Diphtheria	53	59	192	242	1269	2123
Dysentery	33	39	87	106	303	403
Typhoid	30	109	104	389	515	2043
Paratyphoid	6	12	13	41	60	120
Smallpox	0	114	6	469	30	2173
Typhus Fever	2	131	9	578	53	1930
Malaria	3	NA	3	NA	13	NA
Cholera	0	0	0	0	0	0
Scarlet Fever	1	3	4	14	23	64
Epidemic Meningitis	58	5	185	39	551	155
Jap. B. Encephalitis	0	NA	0	NA	2	NA
Plague	0	0	0	0	0	0
NA: Not Available						

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending		Four Weeks Ending		Cumulative Number	
	10 May 1947	11 May 1946	10 May 1947	11 May 1946	for First 19 Weeks 1947	1946
Case Rate:						
Diphtheria	51.5	62.7	45.6	65.2	49.3	81.5
Dysentery	12.7	20.0	8.8	12.7	5.5	5.7
Typhoid	17.3	63.8	14.0	60.8	14.5	56.6
Paratyphoid	3.7	11.3	4.4	11.1	3.6	7.8
Smallpox	1.8	37.9	1.3	47.7	1.0	59.3
Typhus Fever	1.4	130.7	1.7	140.0	2.5	93.7
Malaria	14.4	NA	11.9	NA	12.3	NA
Cholera	0.0	0.0	0.0	0.04	0.0	0.01
Scarlet Fever	5.3	3.0	4.2	3.5	3.4	2.7
Epidemic Meningitis	8.2	2.4	8.2	3.3	7.1	2.5
Jap. B. Encephalitis	0.0	NA	0.0	NA	0.004	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0
Death Rate:						
Diphtheria	3.8	4.2	3.4	4.3	4.8	8.0
Dysentery	2.4	2.8	1.6	1.9	1.1	1.5
Typhoid	2.1	7.8	1.9	6.9	1.9	7.7
Paratyphoid	0.4	0.9	0.2	0.7	0.2	0.5
Smallpox	0.0	8.1	0.1	8.4	0.1	8.2
Typhus Fever	0.1	9.3	0.2	10.3	0.2	7.2
Malaria	0.2	NA	0.1	NA	0.05	NA
Cholera	0.0	0.0	0.0	0.0	0.0	0.0
Scarlet Fever	0.1	0.2	0.1	0.2	0.1	0.2
Epidemic Meningitis	4.1	0.4	3.3	0.7	2.1	0.6
Jap. B. Encephalitis	0.0	NA	0.0	NA	0.01	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available

Rates per 100,000 population per annum

